EXTRESS MAIL NO.: EL 984898457 US LE DEPOSITED: 12/05/2003 Under the Paperwork Reduction Act of 1995, no person TRANSMITT FORM (to be used for all correspondence after	FAL.	U.S. Patent and Trademespond to a collection of information Number Filing Date First Named Inventor Group Art Unit Examiner Name	T CHARGE 700 OCERS, P.C. PTO/SB/21 08-00) Ved for use through 10/31/2002. OMB 0650 0031 PLANT Office: U.S. DEPARTMENT OF COMMEDIES OP/929,852 O8/14/2001 Hildebrand et al. 1644 F.P. VanderVegt							
Total Number of Fages in This caphiasion Thermal State (Inc.)										
X Fee Transmittal Form Fee Attached Drawing(X Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request X Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Assignment (16 pan A) Provision Petition the Provision Power of Change of Address Terminal Request Top, Nun Remarks 1. Transmittal Form (1 4. Amendment (16) page (6. Information Disclose) Refuge (1. Amendment (16) page (6. Information Disclose) Remarks		nent Papers Application) g(s) ng-related Papers to Convert to a onal Application of Attorney, Revocation of of Correspondence st for Refund umber of CD(s) (1 page); 2. Fee Transmittal (1 page); pages); 5. Petition for Extension of Time source Statement (3 pages); source Statement by Applicant (formerly								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual name Dunlap, Codding & Rogers, P.C., P.O. Box 16370, Oklahoma City, OK 73113. CUSTOMER NO. 30589 Kathryn L. Hester, Ph.D., Reg. No. 46,768 Signature Date 12-5-03										
CERTIFICATE OF MAILING										
I hereby certify that this correspondence is being deposite mail no. EL 984898457 US in an envelope addresse Typed or printed name Kathryn L. H.	d with the United S ed to the address b	tates Postal Service with sufficient	postage as first class mail or U.S. Express 12/63/2003							
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FEE TRANSMITTAL of FEE TRANSMITTAL			ication Num	ber	09/929,852	<u> </u>	
			Filing Date		08/14/2001		
			First Named Inventor		Hildebrand et al.	DEC 1 20	3/1/
Contract and subject to unitual revision.		Examiner Name		,	F.P. VanderVegt	OEP -	V
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(\$) 655		Art Unit			1644 /C/4/	25/5	003
		Attorney Docket No.			6680.025	CHIEN	
METHOD OF PAYMENT (check all that apply)	<u> </u>		FE	E CA	LCULATION (continued)	1000	1/290
Check Credit card Money Other None		Examiner Name F.P. VanderVegt Art Unit 1644 Attorney Docket No. 6680.025 FEE CALCULATION (continued) 3. ADDITIONAL FEES					
Deposit Account:	I -		Small Entit	Y			
Deposit Account 04-1700	Fee Cod	Fee e (\$)	Fee Fee Code (\$)		Fee Description	Fee Paid	
Number	1051	130	2051 65	Surch	arge - late filing fee or oath		
Deposit Account Name Customer No. 30589		50	2052 25		arge - late provisional filing fee or sheet		
Name Coustomer No. 30569 The Commissioner is authorized to: (check all that apply)		130	1053 130		English specification		
Charge fee(s) indicated below Credit any overpayments		2,520	1812 2,520		ng a request for ex parte reexamination		
Charge any additional fee(s) during the pendency of this application		920*	1804 920*	Reque	esting publication of SIR prior to iner action		
Charge fee(s) indicated below, except for the filling fee		1,840*	1805 1 840		ner action esting publication of SIR after		
to the above-identified deposit account.		·			iner action		
FEE CALCULATION		110	2251 55		sion for reply within first month		
1. BASIC FILING FEE		410	2252 205		sion for reply within second month	475	
arge Entity Small Entity Fee Fee Fee Fee Paid	1253		2253 465		sion for reply within third month		
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1001 750 2001 375 Utility filing fee	1	1,970	2255 985		sion for reply within fifth month		
1002 330 2002 165 Design filing fee	1401		2401 160		e of Appeal		
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SUBTOTAL (1) (\$) 0	1	1,280	2453 640		on to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from		1,300	2501 650		issue fee (or reissue)		
Extra Claims below Fee Paid	1502		2502 235	-	n issue fee		
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Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806	180	1806 180		ssion of Information Disclosure Stmt	180	
Code (\$) Code (\$)	8021	40	8021 40	Recor	ding each patent assignment per ty (times number of properties)		
1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3	1809	740	2809 370	Filing	a submission after final rejection		
1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claim, if not paid	4040	740	0040 077	•	FR 1.129(a))		
1204 84 2204 42 ** Reissue independent claims	1810		2810 370	exami	ach additional invention to be ned (37 CFR 1.129(b))		
over original patent	1801				est for Continued Examination (RCE)		
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SUBTOTAL (2) (\$) 0	Other	fee (sp	ecify)				
**or number previously paid, if greater; For Reissues, see above	*Redu	ced by	Basic Filing F	ee Paid	SUBTOTAL (3) (\$) 655		

SUBMITTED BY (Complete (if applicable) Registration No. (Attorney/Agent) Name (Print/Type) Kathryn L. Hester, Ph.D. 46,768 Telephone (405) 607-8600 Signature Date 12/05/2003

Express Mail No.:

EL 984898457 US

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12/05/2003

PTO/SB/06 (08-00)
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